

**Medical Examiner
Ventura County
State of California**



AUTOPSY REPORT

CRAWFORD, Maria

DATE OF DEATH: 06/28/2019

ME CASE #0804-19

PERFORMED BY: Christopher Ray Young, M.D.

PERFORMED AT: Ventura County Medical Examiner's Office

DATE/TIME: July 2, 2019 at 1004 hours

OUTSIDE WITNESSES: Kim Jung VPD, Gabby Wimer VPD

CAUSE OF DEATH: DOG BITE WOUNDS OF THE HEAD, NECK AND LEG

MANNER OF DEATH: ACCIDENT

AUTOPSY FINDINGS:

- I. Dog bite wounds
 - A. Multiple severe bite lacerations to the head and neck:
 - 1. Numerous, severe facial bite lacerations with skin avulsion and undermining on the face and neck
 - 2. Multiple bite lacerations communicating with the oral cavity
 - 3. Laceration through the eyes and nose communicating with the upper nasal airways
 - 4. Partially avulsed left ear
 - 5. Large bite laceration on the anterior neck
 - a) Comminuted fracturing of the thyroid cartilage and hyoid bone
 - b) Communication with the airway
 - c) Perforation of the left internal jugular vein
 - B. Severe bite lacerations on the right lower leg
 - C. Bite puncture injuries on the hands
- II. Remote right ear amputation and left facial scars
- III. Blood ethanol: 0.221 g/dL
- IV. Blood alprazolam: 45 ng/mL
- V. Hypertensive cardiovascular disease:
 - A. Cardiac hypertrophy: 450 g
 - B. History of hypertension

HISTORY: The decedent was reportedly attacked in the past by the larger of two dogs living at her residence. The attacks reportedly took place when the decedent was intoxicated. One attack occurred on 1/19/2019 when the decedent suffered injuries to her left cheek. During an attack on 3/19/2109, the decedents right ear was amputated. Both previous attacks apparently involved the larger of the two dogs named Kai. An audio recording of the event provided by the decedent's neighbor includes a woman's screams and a low growling noise. At the scene, a portion of avulsed ear was found on the stairway and blood was transferred onto bedding in the living room. Photographs of the two dogs taken by law enforcement show blood on the legs and neck of the larger, white and brown dog named Kai. No blood is visible in pictures of the smaller, golden brown dog named Havoc. Both dogs were removed from the scene by Ventura County Animal Control.

CONCLUSION: Based upon the autopsy findings and history, it is my opinion that Maria Crawford, a 54-year-old woman, died as a result of dog bite wounds of the head, neck and leg. The injuries were severe and involved vital structures with wounds communicating with the airways on the face and neck. Measurements of the two dog's teeth were provided by animal control. None of the injuries included a distinct bite pattern. Many of the injuries included parallel bite lacerations separated by approximately two inches. The bites were overlapping with lines of lacerating injury rather than a precise bite mark pattern. Because of the complexity of the injuries and the similarity in measurements of the teeth from each dog, neither dog can be excluded based on the bite marks alone. The history provided by both the family and animal control indicate that previous attacks only involved the dog named Kai. Photographs from the scene show blood on the fur of Kai and no blood is visible on Havoc. The decedent had significantly elevated blood alcohol levels and therapeutic levels of alprazolam at the time of death. The previous attacks occurred when she was intoxicated.

EXTERNAL DESCRIPTION

The body is identified by an orange tag encircling the left ankle. The body is received wearing pink/purple sweatpants and a pink, short sleeved tee shirt. The clothing is partially saturated in blood, greatest on the upper aspect of the shirt. A print on the front of the tee shirt reads "Rocket Fizz, Santa Barbara, CA". Black Calvin Klein underwear are beneath the sweatpants. On the left fourth finger is a yellow metal wedding type ring with a large colorless stone setting and numerous small colorless stone settings. EKG pads are on the flexor surface of the left proximal forearm, and on the inner surface of each lower leg. No additional personal effects or jewelry are present at the time of examination.

The body is that of a severely traumatized, moderately obese woman of uncertain ethnicity whose appearance is compatible with the stated age of 54 years. The body weighs 175 pounds and is 63 inches long. The body is cool, rigor is partially relaxed in the upper extremities and fully developed in the lower extremities. Lividity is posterior and fixed. Preservation is good in the absence of embalming.

The scalp hair is thick and wavy and is blood soaked. The hair color appears to be red-brown and the hair is up to 14 inches long. Portions of adipose tissue are intermixed in the hair. The head and neck have significant trauma described below. The irides are brown with arcus senilis. The dentition appears natural and in relatively good repair. The tongue is clenched between the teeth. The chest and breasts are relatively symmetrical. The abdomen is soft and slightly protuberant. The upper extremities are normally developed and symmetrical. The fingernails are trimmed flush with the tips of the fingers and have underlying gray detritus. Dried blood covers both hands. Several long dark brown hairs resembling the decedents are adherent to the right thumb. There are no needle puncture marks or perivenous scars in either antecubital fossa. The external genitalia, anus and perineum are uninjured. The lower extremities are normally developed and symmetrical with injuries described below. The toenails extend up to 1/8-inch beyond the tips of the toes and have overlying orange-red nail polish. Dried blood is on the soles of the feet. The back is unremarkable.

IDENTIFYING MARKS AND SCARS:

1. A blue-black tattoo in scroll writing on the right upper back reads "David".
2. A 5-inch linear scar with hyperpigmentation is on the posterior aspect of the right calf.
3. Irregular scarring is along the left cheek. An irregular slightly hypopigmented 1¾-inch scar is beneath the left eye. The scars are in an area of injury.
4. The right ear is absent and the skin surrounding the auditory canal appears scarred. Significant injuries also involve the surrounding skin.

EVIDENCE OF INJURY:

DOG BITE WOUNDS OF THE HEAD AND NECK:

Numerous bite injuries cover the face, including the forehead, cheeks and anterior and lateral surfaces of the neck. On the right cheek and right side of the head is a 4-inch vertical x 3-inch horizontal collection of ragged bite lacerations with surrounding pink ecchymosis. The right ear is absent (reported previous trauma) and the auditory canal appears to have healed, scarred surrounding skin. Two parallel, horizontal lacerations on the right cheek measure up to 1¾ inches and are separated by 1 1/8-inch. The lacerations form a posterior skin flap which partially involves the right auditory canal. This injury communicates with injuries on the forehead and right eye as the skin is separated from the underlying tissues between these injuries.

The skin on the right temporal face and hair-bearing scalp has a 2¼ inch horizontal skin flap which opens posteriorly. The skin surrounding the skin flap has pink ecchymosis and smaller lacerations and abrasions. The skin anterior to the skin flap is avulsed and the wound communicates with injuries on the forehead and right cheek.

A 4½ inch, continuous, irregular laceration extends across the face between the lateral canthi of each eye. Along the laceration, the eyelids are disrupted, and the laceration extends horizontally across the upper nose, between the eyes. The laceration between the eyes communicates with the nasal canal which contains disrupted cartilage. The left upper eyelid is partially absent. The medial aspect of the left lower eyelid is absent and disrupted. The skin below the laceration, on the nose and cheeks, has stretch tears, superficial lacerations and pink ecchymosis.

Paired, lacerated skin flaps on the right forehead open to the anterior and medial aspect of the face. The lacerations are located just above the right eye and partially involve the eyebrow. The upper laceration has an overall greatest dimension of 2¾ inches and the lower laceration has a greatest dimension of 1¾. Both of these skin flap injuries communicate with the injuries on the right side of the head and face. The two lacerations are separated by approximately 2 inches.

A 1¾-inch horizontal bite laceration is on the right side of the face, just above the right corner of the lip. Small puncture marks and tears are clustered above and lateral to the defect. A ¾-inch, irregular, superficial laceration extends between this laceration and the right aspect of the upper lip. This laceration is separated from the bite laceration along the eyes by a distance of approximately 2¼ inches. The laceration has superior and medial undermining and communicates with the eye laceration.

On the left cheek are confluent areas of vertically oriented skin tears and pink to blue ecchymosis. Between the left ear and left eye is a collection of three puncture wounds, each measuring approximately ¼ to ½-inch. The most anterior of these injuries has a wound track that extends anterior and downward with a depth of approximately 1¾ inches. These lacerations are separated from lacerations on the lower left cheek by a distance of approximately 2¼ inches. On the left lower cheek is a 1½-inch horizontal bite laceration which communicates with the oral cavity. The soft tissues within the wound are disrupted with exposure of the mandible. The left upper central incisor is chipped.

Below this laceration is a 1¾ horizontal bite laceration. This laceration communicates with the oral cavity and also communicates with injuries beneath the left ear.

The left ear is partially avulsed with absence of the tragus and a portion of the posterior aspect of the helix. Beneath the left ear is a 2½-inch obliquely-oriented bite laceration. The anterior aspect of this laceration communicates with the two lacerations on the left cheek. This laceration is separated from a partial thickness, 2-inch laceration posterior to the left ear by a 1/8-inch bridge of skin. This laceration communicates with the central defect in the ear. Beneath the defects on the left side of the face and left ear is a 2-inch horizontal bite laceration on the left neck. This wound has anterior undermining for a distance of approximately 1¾ inches. This laceration is separated from the bite lacerations under the ear by approximately 2 inches. The skin surrounding these wounds has superficial lacerations and pink-blue ecchymosis.

On the underside of the chin is a 3-inch horizontal bite laceration which involves vital structures of the neck. The tissues within the wound are hemorrhagic with irregular soft tissue bridging. The depth of penetration of the main laceration is approximately 1¼ inches. This laceration communicates with the two lacerations on the left cheek by a 1 1/8-inch wide bridge of avulsed skin. The injury on the neck is surrounded by mottled pink ecchymosis and small scrapes and puncture marks. A layered neck dissection is performed revealing soft tissue hemorrhage along the left sternocleidomastoid muscle. The left internal jugular vein is focally perforated in an area of soft tissue hemorrhage. The thyroid cartilage has comminuted fractures and an anterior defect at the level of the vocal cords communicates with the anterior neck wound. The hyoid bone is palpably fractured.

Diffuse subscalpular hemorrhage is over the right frontal scalp. A mottled, 3-inch subscalpular hemorrhage involves the right occipital scalp. The skin on the right occipital area is shaved revealing a mottled 1½-inch area of purple ecchymosis.

DOG BITE WOUNDS OF THE RIGHT LEG:

Extensive bite injuries are on the distal aspect of the right leg. Approximately seven parallel, horizontal lacerations with soft tissue bridging encompass a 4-inch area on the medial aspect of the distal right leg above the medial malleolus. The lacerations are up to 3 inches in greatest length. While the spacing of the injuries appear irregular, most of the injuries have a corresponding laceration separated by a distance of approximately 2 inches. Slightly anterior to these lacerations are paired puncture marks separated by approximately 1¾ inches.

On the opposite, lateral side of the leg, are puncture marks with surrounding ecchymosis. Distinctly paired marks are separated by approximately 1½ inches.

A 1½-inch laceration on the lateral aspect of the right lower leg is just posterior to the lateral malleolus. The wound communicates with defects on the inner surface of the leg via a wound path which extends posterior to the Achilles tendon.

ADDITIONAL EVIDENCE OF INJURY:

On the right side of the abdomen is a collection of three vertically oriented up to 2¾-inch abrasions which are approximately 1/8-inch wide. Intersecting the lateral most of these is a horizontally oriented 3-inch abrasion.

A ¼-inch abrasion and a ½-inch pale blue contusion are beneath the right breast. On the upper aspect of the left breast is a ¼-inch abraded contusion.

Contusions and puncture wounds are along the dorsal surface of right fingers one through four. On the distal interphalangeal knuckle of the fourth finger is a 3/8-inch horizontal laceration. On the dorsal aspect of the base of the

right fourth finger is a 1/8-inch puncture mark with surrounding blue ecchymosis. The puncture marks/lacerations on the dorsal surface of the fourth finger are separated by approximately 1 3/4 inches. On the palmar aspect of the right fourth finger are two up to 1/4-inch puncture marks which are separated by approximately 1 3/4 inches. On the right elbow is a 1/2-inch yellow-brown abrasion.

On the dorsal surfaces of left fingers one through four are up to 1/8-inch puncture marks on each finger. The puncture mark on the fifth finger is on the proximal aspect of the nailbed. On the left thumb is a 3/4-inch, deep blue contusion. On the palmar and distal aspect of the fingers are mottled areas of ecchymosis and the second and fourth finger each have up to 3/16-inch puncture marks.

INTERNAL EXAMINATION:
ORGAN WEIGHTS:

Brain: 1400 g

R. Lung: 560 g

R. Kidney: 140 g

Heart: 450 g

L. Lung: 550 g

L. Kidney: 150 g

Liver: 1940 g

Spleen: 90 g

Body Cavities: The internal abdominal organs are in their normal anatomic positions. Violin string-type adhesions are between the diaphragm and liver. Otherwise the body cavities contain no adhesions or abnormal collections of fluid.

Head: See previously described injuries. With the exception of the face, the skull is unremarkable. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical with an unremarkable gyral pattern. The cranial nerves and blood vessels are unremarkable. Sections through the cerebral hemispheres, brainstem and cerebellum are unremarkable. There are no hemorrhages in the deep white matter or basal ganglia. The cerebral ventricles contain no blood.

Neck: See previously described injuries.

Cardiovascular System: The intimal surface of the abdominal aorta has fatty streaks. The aorta and its major branches and the great veins are normally distributed. The pericardium, epicardium and endocardium are smooth, glistening and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is left dominant and free of atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal abnormalities. The left ventricle averages 1.1 cm and the right 0.4 cm in thickness.

Respiratory System: See previously described injuries. The upper airway is lined by blood and mucous. The laryngeal mucosa has previously described injuries. The pleural surfaces are smooth and shiny. The pulmonary arteries contain thick blood and mucus. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

Hepatobiliary System: The liver is yellow-tan and covered by a smooth glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains no calculi.

Digestive System: The esophageal mucosa is gray, smooth and unremarkable. The stomach contains 100 mL of dark brown, thin fluid. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are unremarkable. The appendix is present. The pancreas is unremarkable externally and upon sectioning.

Genitourinary System: The renal subcapsular surfaces are smooth and slightly lobulated. The cortices are of normal thickness. The calyces, pelves and ureters are unremarkable. The urinary bladder contains no urine. The uterus is surgically absent. The ovaries are unremarkable externally.

Endocrine System: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

Reticuloendothelial System: The spleen is covered by a smooth, blue-gray intact capsule. The parenchyma is unremarkable. The lymph nodes are unremarkable.

Musculoskeletal System: The clavicles, ribs, sternum, pelvis and vertebral column have no fractures. The diaphragm is intact.

MICROSCOPIC EXAMINATION:

None submitted

CRY.ks